

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u> Registrar's No. <u>2377</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri,</u> b. COUNTY <u>St. Louis,</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City (14)</u>		c. LENGTH OF STAY <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City (14).</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6835 Melrose Avenue,</u>			d. STREET ADDRESS (If rural, give location) <u>#6835 Melrose Ave.,</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>		b. (Middle) <u>CATHERINE</u>		c. (Last) <u>CHASE.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 2, 1950.</u>					
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Jan'y 6, 1883.</u>	9. AGE (In years last birthday) <u>77.</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home..</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>.....</u>		11. BIRTHPLACE (State or foreign country) <u>Indianapolis, Indiana.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>William Steiert.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary D. Martens.</u>		14. NAME OF HUSBAND OR WIFE <u>Dr Frank E. Chase.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Otto F. Doerr, 6835 Melrose Ave.,</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Thrombosis</u> ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Chronic Nephritis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Hypertension</u>		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10/2 5:20 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592K</u>	
22. I hereby certify that I attended the deceased from <u>8/8</u> , 19 <u>50</u> , to <u>10/2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10/2</u> , 19 <u>50</u> , and that death occurred at <u>1:45 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Otto F. Doerr</u>		23b. ADDRESS <u>3012 Lafayette</u>		23c. DATE SIGNED <u>10/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>10/5/50.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri.</u>					
DATE REC'D BY LOCAL REG. <u>10-3-50</u>		REGISTRAR'S SIGNATURE <u>H. Rhomke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton & Sons, 7233 Delmar Blv'd.,</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Hand
Pm*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Melvin L. Kemper

Licensed Embalmer No. *4052*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.